



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

In re application of: DRAKE

Attorney Docket No.: FSCOP002

Application No.: 10/084,262

Examiner: LORENZO, Jerry A.

Filed: February 26, 2002

Group: 1734

Title: METHOD AND APPARATUS FOR
CONTINUOUSLY FORMING DYE
SUBLIMATION IMAGES IN SOLID
SUBSTRATES

RECEIVED
DEC 04 2003
TC 1700

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on November 25, 2003 in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signed: Sue Funchess
Sue Funchess

AMENDMENT A

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated September 2, 2003, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.



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AMENDMENT A TRANSMITTAL

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	38	MINUS	42	0	x 9 =	x 18 = \$-0-
Independent Claims	5	MINUS	6	0	x 43 =	x 86 = \$-0-
Multiple Dependent Claim Present and Fee Not Previously Paid					\$145.00	\$290.00
				Total	\$	\$-0-

Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0388 (Order No. FSCOP002).

Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.

Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 50-0388 (Order No. FSCOP002).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP

Michael Lee
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